

North Carolina Olmstead Plan Implementation

Summary Report: January 1 through March 31, 2024

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May 2024

Background and Introduction

The first quarter of calendar year 2024 represents a period of significant transition in the design, implementation and monitoring of the North Carolina Olmstead Plan. The North Carolina Department of Health and Human Services (NCDHHS), working with other state agencies, and its community partners, devoted much time to review of the original plan, learning from successes and challenges, to inform an updated plan covering the next two years. The revised plan narrows the original eleven priority areas to six, honing in on measurable actions and strategies, while not losing sight of other areas of focus.

From January 1 through March 31, 2024, entities responsible for implementation of the North Carolina Olmstead Plan continued to further refine, in quarterly work plans, the high-level action steps and timeframes for completion necessary to implement the identified strategies. Staff continue to provide quarterly reports to capture progress with strategies and implementation activities. These inputs provide the foundation for measuring overall progress towards Plan implementation. It is important to note that this report accounts for *activity* during the first quarter of 2024, January 1 through March 31; however, that activity falls under the priorities and strategies of the second year of the Calendar Year (CY) 2022 – 2023 Olmstead Plan. The 2024 – 2025 Olmstead Plan did not come into effect until April 2024. As has been the case throughout the series of quarterly updates, *data* reported is typically for the previous quarter.

The Technical Assistance Collaborative (TAC) continues to review each division’s work plan, to clarify action steps as needed, and to capture challenges to Plan implementation. In December of 2023, Sherry Lerch, the TAC consultant engaged with the state since development of the Calendar Year (CY) 2021 – 2022 Olmstead Plan, retired. Rebecca Boss and Megan Lee now serve as the TAC consultants supporting the state in the revision of the plan as well as quarterly monitoring. In addition, this quarter saw the development of a new reporting template for state staff to record progress and challenges. The TAC continues to work with the NCDHHS and Mathematica, the lead contractor for identifying baseline data and targeted outcome measures for the Plan.

The build-up of the community-based system, along with the transformation of services and supports to align with the Olmstead Plan, must continue for North Carolinians with disabilities to live as fully included members of their communities. We recognize and commend all staff, leadership, and the North Carolina General Assembly for the time, thought and resources they continue to invest into this process.

Status of Strategies

As the State transitions to the updated, two-year plan for CY 2024 - 2025, there is opportunity to reflect on the status of strategies of the previous plan. North Carolina has made considerable progress towards implementation of its CY 2022 – 2023 Olmstead Plan. The table below summarizes the status of 137 total strategies and action steps since the earlier Plan’s inception through December 2023. Many of these strategies are ongoing and, along with new strategies, are described in the following sections, addressing Priority Areas and efforts to support the 2024 – 2025 Plan.

Table 1. Plan Strategies/Action Steps Summary through December 2023

Total	Complete	In Process	Not Started	Needs Revision/ Clarification	No Longer Under Consideration
137	51 (37%)	64 (47%)	5 (4%)	4 (3%)	12 (9%)

Complete: The strategy and all identified action steps were accomplished.

In Process: Staff were actively engaged in the strategy; at least one action step had been taken.

Not Started: Work related to the strategy or action step(s) was not underway as of the end of the reporting period.

Needs Revision/Clarification: The strategy *might* move forward with modification.

No Longer Under Consideration: The strategy is no longer active for Plan implementation.

This table will be changed in the next quarterly report to reflect the strategies of the revised, CY 2024 - 2025 Olmstead Plan. Over the course of its implementation, it is expected that the NCDHHS will continue to refine and to modify strategies and action steps; TAC will track and monitor these through a consolidated, quarterly progress report.

The current Plan contains six areas that NCDHHS has identified as priorities for Olmstead initiatives; among these are five strategies that have yet to be advanced. Delayed launch of the Tailored Plans¹ (TPs) continues to postpone the implementation of these strategies. For example, in-reach requirements for TPs to provide frequent education about transition services and supports to members admitted to a state psychiatric hospital, adult care home (ACH), or Intermediate Care Facility for people with intellectual and other developmental disabilities (I/DD) cannot be enforced until the TP contracts are in effect. Out of those five, four additional strategies are on hold pending further analysis. For

¹ Tailored Plans are a type of Medicaid Manage Care Health Plan. For more information, see [https://medicaid.ncdhhs.gov/tailored-plans#:~:text=Tailored%20Plans%20are%20a%20new,Medicaid%20Managed%20Care%20health%20plan.&text=You%20might%20be%20eligible%20for,Serious%20mental%20illness%20\(SMI\).](https://medicaid.ncdhhs.gov/tailored-plans#:~:text=Tailored%20Plans%20are%20a%20new,Medicaid%20Managed%20Care%20health%20plan.&text=You%20might%20be%20eligible%20for,Serious%20mental%20illness%20(SMI).)

example, adding remote technology support to the Innovations I/DD waiver² is pending based on the lack of compelling results that remote supports are viable or desired by individuals with I/DD and their caregivers.

The TAC will continue to work with the NCDHHS to determine what alterations or technical assistance may be necessary to advance progress on all strategies in the CY 2024 – 2025 Plan.

Highlights of Progress Achieved

The NCDHHS divisions reported considerable progress with strategies during the first quarter of calendar year 2024 in Plan Year Two implementation (The 2024-2025 plan started in April). Prior examples of progress achieved are not repeated below but can be found in the Quarterly Summary Reports previously released by the Department and posted on the NCDHHS Olmstead Plan site [at https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead](https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead). What follows are highlighted *examples* of progress achieved between January 1 and March 31, 2024. In the process of transition to the updated plan and new reporting process, this report focuses reporting on the priority areas which will be continued into the next two years of Olmstead Plan implementation, therefore not all 11 priority areas will be highlighted.

Examples of Strategies and Action Steps Completed or In Process Between January 1 and March 31, 2024.

Priority Area #1: Strengthen Individuals' and Families' Choice for Community Inclusion through Increased Access to Home and Community Based Services and Supports

The Division of Child and Family Wellbeing (DCFV) continued efforts to promote serving individuals in community-integrated settings and supporting more individuals with disabilities in the community. In early 2024, DCFV launched the Version 1 Child Behavioral Health Data Dashboard to track utilization numbers. This dashboard will be further developed in Version 2 which will include expenditures. Tracking this information will provide the Division with critical information necessary to inform rebalancing strategies.

² For more information on the Innovations waiver see: <https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/nc-innovations-waiver>.

To support community inclusion, the Division of Health Benefits (DHB) worked to expand Medicaid waiver funded Home and Community Based Services³ (HCBS) by developing a Remote Supports⁴ service definition, initially for the TBI waiver renewal, followed by the Innovations waiver and Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA) waivers. In discussions with CMS, DHB was advised by CMS to include Remote Supports as a service delivery method and not as a service definition. Remote Supports as a service delivery method for Community Living and Support⁵ and Supported Living Service⁶ definitions was included in the July 1, 2024 Innovations waiver draft which is currently being reviewed by CMS.

Priority Area #2: Address the Direct Support Professional Crisis

The NCDHHS uses Assistive Technology to fill gaps in workforce and promote independence. The Division of Services for the Blind (DSB) hosted trainings for individuals to learn about technology and AT. Twenty-seven (27) people took the technology classes and specialized technology-only training at the DSB Career and Training Center, while 93 individuals in the Independent Living Older Blind Program received instruction to utilize assistive technology and adaptive devices

In an effort to expand the workforce, the NCDHHS has been working to determine actionable steps to address DSP training and credentialing needs. The state is examining recommendations from a NC Area Health Education Center report titled, *NC AHEC Recommendations for HCBS Worker Certification*. NC AHEC recommends a credential that that is portable across geographic regions of the state; an umbrella system for credentialing that incorporates new and existing training options; common core competencies; training that is accessible; an infrastructure for administration and oversight; connection

³ Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. Retrieved from <https://www.medicaid.gov/medicaid/home-community-based-services/index.html>.

⁴ Remote support is a service delivery option for beneficiaries, 18 and older, who are able to follow verbal prompts, have a desire to enhance their independent living skills and who are selecting an alternative option to increase their independence. Remote support means the support of a beneficiary through staff working from a remote location using one or more modes of remote support equipment systems. The purpose of remote supports is to enable beneficiaries to exercise greater independence over their lives and promote community inclusion. Retrieved from <https://www.ncdhhs.gov/remote-supports-draft-tbi-waiver/open>.

⁵ Community Living and Support is an individualized service that enables an individual 16 years of age and older to live successfully in his/her own home, the home of his/her family or natural supports and be an active member of his/her community. Retrieved from <https://www.ncdhhs.gov/community-living-and-support/open>.

⁶ The North Carolina Innovations waiver includes a Supported Living service definition that enables people with significant disabilities the opportunity to live in their own homes. Retrieved from <https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/nc-innovations-waiver/supported-living-service>.

of competency attainment with wage and rate differentials; and the provision of certain support services to workers. The first steps are to pilot a program which is being developed at this time. The NCDHHS is still taking steps to identify funding to sustain this system long term.

The NCDHHS recognizes that workforce disruptions are widespread and prevalent in many sectors under the Olmstead Plan's purview. The NCDHHS is, among other actions, committed to expanding the peer workforce in sustainable and meaningful ways. One of the Local Management Entity/ Managed Care Organizations (LME/MCOs), Vaya, has identified a group of Transitions to Community Living (TCL)⁷ participants interested in becoming peer support specialists. They are working with a provider who can offer the means to certification. This work is intended to expand to the other LME/MCOs.

Priority Area #3: Divert and Transition Individuals from Unnecessary Institutional and Segregated Settings

Work in this area is widespread, given that institutions in the state include, but are not limited to, the state developmental centers, inpatient psychiatric facilities, Psychiatric Residential Treatment Facilities, Adult Care Homes, and prisons. Collectively, these facilities serve individuals from diverse Olmstead populations and age groups.

In an effort to divert unnecessary admissions, the developmental centers have created a cross-divisional Central Referral Review Committee where all referrals to the centers receive enhanced screening to ensure that the LME/MCOs have thoroughly considered all alternative options before making a referral.

For all residents admitted to the developmental centers prior to 2012—a group who do not have a Memorandum of Agreement (MOA) defining their stay--the centers will provide education to the residents and family members and/or legally responsible persons on what the *Olmstead v. L.C.* decision means and available community supports and services, along with information on benefits counseling. In addition, the centers will conduct a survey of all residents, family members, and/or legally responsible persons. The purpose of the survey is to learn more about perceptions and barriers to transitioning to a home or community setting to ensure interventions and supports are tailored to address hesitations or concerns. To begin this work, the Division of State Operated Healthcare Facilities (DSOHF) has secured a vendor and the contract was scheduled to begin in April of 2024.

In an effort to promote successful community reintegration from incarceration, the Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS) contracted with Alliance of Disabilities Advocates of North Carolina (ADANC) to create Individual Reentry Plans (IRP) with individuals with I/DD being released from prison. Sixteen (16) people with I/DD have been released with an IRP since October 2023, when the contract began. An additional forty-four (44) people have been referred for IRP development.

⁷ Transitions to Community Living (TCL) provides eligible adults living with serious mental illnesses the opportunity to choose where they live, work and play in North Carolina. This initiative promotes recovery through providing long-term housing, community-based services, supported employment and community integration. Retrieved from <https://www.ncdhhs.gov/about/department-initiatives/transitions-community-living>.

The NCDHHS is taking steps to expand the State Barriers Committee, which helps to resolve barriers to community living for the Transitions to Community Living (TCL) population, to other Olmstead populations. The NCDHHS extended an invitation to the State Long-Term Care Ombudsman to join a team of subject matter experts from across NCDHHS.

The LME/MCOs are responsible for conducting in-reach with their members admitted to a State Psychiatric Hospital (SPH) or Adult Care Homes (ACH), providing education about transition services and supports. This process ensures that people seeking ACH admission or entering a SPH will have an opportunity to hear about the community options that are available to them so that they can make an informed decision about where they want to live, work, and receive services. In this quarter, the LME/MCOs began using peers in the role of providing in-reach to members recently hospitalized in a psychiatric facility, allowing for more frequent engagement and education to be provided about transition options. After the addition of newly trained peers to perform this service, some LME/MCOs did a reorganization within their Transition to Community Living (TCL) Unit or the overall LME/MCO to address potential gaps in in-reach staff assignment.

The LME/MCOs' Transition to Community Living (TCL) teams continued to monitor the timely initiation of in-reach when a population 4⁸ individual enters a SPH. Based on reviews, timely initiation of in-reach showed improvement in this quarter. Delays for in-reach decreased each month from 50 delays in January to 38 delays in March. In addition, TCL teams in the LME/MCOs continued to monitor the timely initiation of in-reach when population 5 individuals are screened as TCL eligible and enter an ACH. More individuals continue to be diverted from ACHs each quarter.

TCL teams are also responsible for tracking and monitoring the utilization of the Informed Decision Making⁹ (IDM) tool among TCL members. During this quarter 50 individuals completed the IDM tool. In addition, the teams monitor utilization of the IDM online learning module. This learning module is discussed during the NCDHHS TCL Informed Decision-Making training for new and current peers. The link to the module has been added to all NCDHHS TCL training presentations for peers. The LME/MCOs

⁸ The Transitions to Community Living target populations are:

1. Individuals with serious mental illness (SMI) who reside in an adult care home determined by the State to be an Institution for Mental Disease ("IMD") - Population 1.
2. Individuals with severe and persistent mental illness (SPMI) who are residing in adult care homes licensed for at least 50 beds and in which 25% or more of the resident population has a mental illness - Population 2.
3. Individuals with SPMI who are residing in adult care homes licensed for between 20 and 49 beds and in which 40% or more of the resident population has a mental illness - Population 3.
4. Individuals with SPMI who are or will be discharged from a State psychiatric hospital and who are homeless or have unstable housing - Population 4.
5. Individuals diverted from entry into adult care homes pursuant to the pre-admission screening and diversion provisions of Section III(F) of this Agreement - Population 5. Retrieved from TCL Settlement Agreement, p. 5.

⁹ The IDM tool is used by an In-Reach Peer-Specialist to guide conversations and document an informed decision-making process with individuals who are TCL eligible and have declined transitioning into the community, are undecided, and who want to remain in an Adult Care Home or those who are reluctant to discharge from a SPH.

have been asked to distribute the link to external stakeholders and to utilize it as a training resource for all TCL staff.

Priority Area #4: Increase Opportunities for Supported Education and Pre-Employment Transition Services for Youth with Disabilities, and Competitive Integrated Employment for Adults with Disabilities

In March, the NCDHHS announced a significant step forward in expanding employment opportunities for individuals with intellectual and other developmental disabilities (I/DD). The Department extended its collaboration with several partner organizations to drive forward efforts to expand competitive integrated employment (CIE).¹⁰ The NCDHHS launched Inclusion Works in September of 2023, providing a comprehensive resource hub for individuals with I/DD seeking employment, those currently employed, and employers building inclusive workplaces.

The NCDHHS is strengthening its commitment to CIE by extending its collaboration with two nonprofit organizations dedicated to advancing the rights of individuals with disabilities, Disability Rights North Carolina (DRNC) and the Center for Public Representation (CPR). A Memorandum of Agreement (MOA) was executed between the NCDHHS, DRNC, and CPR outlining the tasks and commitments that will enhance the opportunities for individuals with I/DD to succeed in their chosen work, emphasizing a shared commitment to inclusivity and equal opportunities in the workforce.

The NCDHHS is also partnering with Work Together NC, a leading organization dedicated to empowering individuals with I/DD and providing community support. Their expertise will be leveraged in collaboration with the NCDHHS to accomplish goals outlined in the MOA and further advance Inclusion Works efforts in the I/DD community.

Key initiatives in this collaboration include:

- Assessing current competitive integrated employment opportunities in North Carolina
- Forming an advisory group of community stakeholders
- Co-developing a strategic plan
- Launching a marketing campaign
- Implementing new Employment Assessments and Career Development Plans

¹⁰ The Workforce Innovation and Opportunity Act (WIOA) defines competitive integrated employment (CIE) as work that is performed on a full-time or part-time basis for which an individual is:

- Compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience;
- Receiving the same level of benefits provided to other employees without disabilities in similar positions;
- At a location where the employee interacts with other individuals without disabilities; and
- Presented opportunities for advancement similar to other employees without disabilities in similar positions.

The Division of Employment and Independence for People with Disabilities (EIPD), formerly the Division of Vocational Rehabilitation Services (DVRS), has several initiatives aimed at increasing employment and pre-employment services.

In February 2024, EIPD leadership approved restructured Individual Placement and Support Supported Employment (IPS SE)¹¹ milestones to promote competitive, integrated employment and will continue in soliciting feedback from providers. All LME/MCOs have adopted the North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE), a milestone funding model for IPS SE with enhanced rates to better support the cost of delivering IPS SE and to increase stability of the teams. Through cross divisional effort, bi-weekly meetings were held with the LME/MCOs to problem solve any issues that had presented since the NC CORE “go live” date in February 2024. Individual meetings with providers and the LME/MCOs were held as needed. An EIPD Program Specialist for Behavioral Health participates in monthly collaboratives at each LME/MCO for continued technical assistance. Progress is being made in increasing the number of referrals to IPS SE by behavioral health providers in the LME/MCO provider networks.

The EIPD has offered extensive technical assistance, standardization, and program promotion in several key areas. Pre-employment transition services milestones are being standardized in preparation for contract updates and utilization of program evaluation tools. This work is key in enhancing quality improvement efforts and standardization across programs. Additionally, the EIPD is actively working on a memorandum of understanding with community colleges to provide services to students with intellectual and other developmental disabilities.

Project Spark, a new competitive integrated employment program designed to help people who are working in sheltered work programs shift into competitive integrated employment, gives people with intellectual and developmental disabilities the support they need so that they can work at the kinds of jobs they want. It continues to receive referrals and EIPD is considering adding an additional site.

Priority Area #5: Increase Opportunities for Inclusive Community Living

The NCDHHS has continued, with consultation and support from the Technical Assistance Collaborative’s (TAC) Housing Team, to advance the draft Strategic Housing Plan. The TAC is incorporating feedback received during the public comment period into the final draft plan, scheduled for release in final form in June 2024. The TAC is also working with the NCDHHS Housing Leadership group to develop a one-year action plan to guide implementation of the Housing Plan in 2024.

Guiding Principles of the Strategic Housing Plan

- The plan will provide a strategic guide to focus the NCDHHS’s policy efforts and resource decision making on creating and maximizing community-based housing opportunities.

¹¹ The Individual Placement and Support (IPS) Supported Employment Program helps people with severe mental illness find competitive, community employment and provides ongoing, individualized services with a focus on employment. Retrieved from <https://www.ncdhhs.gov/divisions/eipd/employment-services-people-disabilities/individual-placement-and-support>.

- The plan focuses on people with disabilities, including people with disabilities who are served by, or who qualify for, NCDHHS services.
- The plan will build on existing Olmstead efforts within the NCDHHS (e.g., Transitions to Community Living (TCL) and Money Follows the Person (MFP)).
- Plan will cover a five-year implementation period (2024-2029).

Focus Populations

- The focus population of the NCDHHS Strategic Housing Plan is people served by the NCDHHS with a priority on people with disabilities, including people with disabilities who are served by, or qualify for, NCDHHS services.
 - Focus population includes people with intellectual and other developmental disabilities (I/DD), traumatic brain injury (TBI), physical disabilities, people living in institutional settings or at risk of institutionalization, people who are elderly, people with other disabilities and people experiencing homelessness or at risk of homelessness.
- North Carolina’s Olmstead Settlement Agreement, Transitions to Community Living (TCL), continues to strengthen its focus on people with serious mental illness (SMI) or severe and persistent mental illness (SPMI) – ensuring that these individuals are able to live as independently as possible.
- The TCL effort has resulted in positive outcomes and improved delivery of services for many adults with SMI/SPMI in North Carolina and may act as a broader framework for serving other people with disabilities.

Strategic Plan Goals

- **Development:** *Increase access to and development of supportive housing.*
- **Non-Development Housing Activities:** *Increase the stability of households and increase efficient access to supportive, affordable housing.*
- **Services:** *Provide quality housing support services statewide and support the development of training related to these evidence-based services.*
- **Coordination:** *Explore the creation of a formal structure for accountability and strategy alignment across all state agencies*
- **Partnerships:** *Increase coordination and partnerships at the state and local levels, leverage funding, and identify housing-related needs and system gaps across the state.*

Within the five goal areas of the Strategic Housing Plan, there are sixteen (16) objectives with supporting strategies. From the strategy development sessions, the NCDHHS identified several as short-term, high-priority strategies; these will serve as the priority areas for implementation in the initial years of the Housing Plan.

In February, the U.S. Department of Health and Human Services ([HHS](#)) and the U.S. Department of Housing and Urban Development ([HUD](#)) announced that North Carolina was selected to participate in the Housing and Services Partnership Accelerator. North Carolina seeks to build on current initiatives to improve housing supports and services by strengthening the collaboration between Medicaid and housing resources within the state, including the Healthy Opportunities Pilot and TCL. The Healthy Opportunities pilot has provided more than 13,000 services to 33 rural counties, representing one third of the state. The state will explore ways to align eligibility criteria across programs, maximize resources, and design a centralized, streamlined point of access for individuals to ensure that all people with

disabilities and older adults who are at risk for homelessness, or experiencing homelessness, have access to eligible housing and support services. This work is led by the North Carolina Medicaid agency, and includes representation from across the North Carolina Department of Health and Human Services and the North Carolina Interagency Council for Coordinating Homeless Programs.

Priority Area #6: Address Gaps in Services

In February, the NCDHHS consolidated the state's Local Management Entity/Managed Care Organizations (LME/MCOs) to improve access to health care services in preparation for the launch of the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans on July 1, 2024. The Tailored Plans are integrated, managed care health plans designed specifically to serve individuals with severe mental illnesses, substance use disorders, or long-term care needs, including I/DD and traumatic brain injury.

Eastpointe and Trillium Health Resources consolidated into one entity. Sandhills Center has dissolved, at the direction of the North Carolina General Assembly and the NCDHHS Secretary Kody H. Kinsley. To help ensure continuity of care and a smooth transition, the NCDHHS and the LME/MCOs developed a transition plan to best support beneficiaries and recipients, providers and counties during consolidation. Trillium will now support the counties Eastpointe, Sandhills and Trillium previously served, with the exception of three counties: Partners Health Management will serve Davidson County; Alliance Health will serve Harnett County; and Vaya Health will serve Rockingham County. The Department and the LME/MCOs sent educational materials and resources to beneficiaries who experienced a change of LME/MCO to help them navigate services, including information on their new LME/MCO.

In February, the NCDHHS distributed funds to county Departments of Social Services (DSS) to help improve placements for children in DSS custody who have complex behavioral health needs. The DSS Emergency Placement Fund is a pilot program funded by the NC General Assembly in the 2023 North Carolina state budget. The program provides nearly \$2.3 million this year and \$5.5 million next year to assist county DSS offices in creating better, more reliable placement options for children in their custody who have behavioral health needs. The funds will help to improve outcomes by preventing children and youth from having to stay in a DSS office overnight while they await placement into Medicaid-funded treatment programs.

The DSS Emergency Placement Fund improves care options by enabling DSS offices to implement practices that have been shown to support better placements for children with complex behavioral health needs. These practices can include:

- Maintaining a crisis placement provider on retainer, which can provide temporary emergency placement that is suitable to a child's behavioral health needs until treatment can be located.
- Providing short-term rate increases to providers who care for children with behavioral health needs who require an exceptional level of supervision. These funds are to be used to improve the placement provider's ability to meet the child's individual needs.
- Implementing local solutions that prevent a child in DSS custody from spending a night in the DSS office while awaiting an appropriate placement for behavioral health treatment. These alternate practices are to be submitted to the NCDHHS Division of Social Services for approval.

To ensure sufficient and equitable funding for all counties, allocations were made based on each county's percentage of the foster care census. Funds were available beginning February 1, 2024, with reimbursement beginning in March 2024.

In March, the NCDHHS announced the launch of Inclusion Connects, a first-of-its-kind initiative in the state to better connect people with intellectual and other developmental disabilities and their families with community-based services essential to supporting health and well-being.¹² The initiative aims to simplify access for individuals with I/DD and their families by providing a centralized platform for finding necessary resources, streamlining transition processes, and empowering the Direct Support Professional (DSP) workforce through better training, competitive compensation and recognition. Inclusion Connects is committed to building a more inclusive and supportive North Carolina, where community strength is derived from the inclusion of all individuals.

People who have I/DD and their families face unique challenges in accessing care and support services. Last year, the NCDHHS obtained [approval of the 1915\(i\) state plan amendment](#)¹³ to expand opportunities for Medicaid recipients who have I/DD (as well as for individuals with severe Substance Use Disorder and Severe Mental Illness) to receive services in their home or community rather than an institutional setting. Through Inclusion Connects, people who are eligible for 1915(i) benefits will, along with others, receive additional support in locating and securing resources that empower them to live within their chosen community. People with I/DD and families can now use the Inclusion Connects website to directly access services and find support to help them.

In their ongoing commitment to reduce use of congregate care by increasing placements with relatives and home-based settings, the NCDHHS Division of Social Services reported that the unlicensed kinship reimbursement program was established in November of 2023. To promote the “Kin First Culture” awareness campaign, the state DSS delivered seven (7) kinship care listening sessions by March 31, 2024. The DSS continues to monitor utilization of services provided through the Families First Prevention Services Act Prevention Plan and reports that 43 families are using the service and that more than 40 families are using the HomeBuilders® program.¹⁴ In their effort to update the foster parent recruitment and retention plan to increase the number of available home-based settings for children in

¹² For more about Inclusion Connects, the support system for people with I/DD, see <https://www.ncdhhs.gov/about/department-initiatives/inclusion-connects>.

¹³ For more information on the 1915(i) state plan amendment, see <https://medicaid.ncdhhs.gov/blog/2023/06/30/nc-medicare-obtains-approval-1915i-state-plan-amendment>.

¹⁴ HomeBuilders® is an evidence-based program designed to strengthen families, keep children safe, and prevent unnecessary out-of-home placement. The HomeBuilders® model provides intensive crisis intervention, counseling, and life-skills education for families who have children at imminent risk of out-of-home placement or have children in out-of-home placement that cannot be reunified without intensive services. Retrieved from https://www.google.com/search?q=Homebuilders+DSS+NCDHHS&rlz=1C1GCEA_enUS1029US1029&oq=Homebuilders+DSS+NCDHHS&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIJCAEQIRgKKGKABMgkIAhAhGAoYoAEyCQgDECEYChigATIJCAQQIRgKKGKAB0gEIODE1NGowajeoAgCwAgA&sourceid=chrome&ie=UTF-8.

foster care, the DSS implemented a waiver process for the Loving Homes Act which allows families with five children to become licensed as foster parents, specifically for the placement of two or more siblings.

To address service gaps, the state developmental centers have begun to offer education and training opportunities to community providers with the purpose of building community capacity. Training materials were developed and the training series, originally planned to be quarterly, has been held monthly with the February meeting focused on I/DD and mental health and the March meeting on executive functioning.

The Division of Aging Services (DAS) in partnership with Centers for Independent Living and others, organized a cross-departmental effort to address senior social isolation. The Social Isolation, Loneliness, and Elevated Suicide risk workgroup was reconvened in January and met again in April of 2024 and will meet subsequently every quarter thereafter. The DAS also rolled out its Social Bridging NC¹⁵ online resource in April.

The Division of Child and Family Wellbeing (DCFV) continues to work on enhancing access to children's mental health services by expanding mental health services in primary care, schools, and specialty care. Efforts to implement Youth Mental Health First Aid have resulted in 1500 school professionals and other professionals in other child serving agencies being certified in Youth Mental Health First Aid through April 1, 2024. Funding for this program has been secured through September 2024 with expected continuation through June 2025.

Priority Area #9: Increase Input from Individuals with Lived Experience

As explained in the introduction section, this quarterly report includes only those initiatives aligned with the 2040-2025 plan strategies or activities. Though there is not a priority area 9 in the new plan, this section of the earlier plan had reportable data and is included in this report.

In February, the NCDHHS announced the launch of the Community and Partner Engagement initiative, aimed at enhancing and strengthening engagement with communities and external partners to improve collaboration and health outcomes.

The initiative includes:

- A dedicated website that serves as a one-stop shop to house all resources;
- A Secretarial Directive charging the NCDHHS to expand the way the Department intentionally involves communities;
- A new Community and Partner Engagement Guide to help the NCDHHS plan and engage with our partners; and

¹⁵ Social Bridging combats social isolation and loneliness, while fostering a sense of community and belonging, among older adults. It employs an online database of resources and encourages engagement in virtual events. See <https://socialbridgingnc.org/>.

- A list of key partners, as well as commissions, councils, and advisory groups with which the public and stakeholders can engage and potentially join.

Priority Area #11: Use Data for Quality Improvement

As explained in the introduction section, this quarterly report includes only those initiatives aligned with the 2040-2025 plan strategies or activities. Though there is not a priority area 11 in the new plan, this section of the earlier plan had reportable data and is included in this report.

Mathematica supports the NCDHHS in the assessment of the impact of the Olmstead Plan’s strategies. In this quarter, they engaged in the following activities:

- Reviewed and extracted the key status updates and workplan metrics from the Quarters Two – Four 2023 Olmstead reports for ingestion into the database.
- Supported the Olmstead 2024-2025 plan development by adding in measure information when applicable and responding to internal and public comments.
- Developed an extract, transform, and load (ETL)¹⁶ process to load Innovation waiver waitlist data and generate measures. Mathematica shared data quality observations with the NC teams as they worked with the NCDHHS to enhance the data collection process used with the LME/MCOs.
- Reviewed NCTracks¹⁷ sample data, updated the data request, and continue to refine the criteria for identifying HCBS Long-Term Services and Supports beneficiaries and services.
- Re-designed the Olmstead Dashboard prototype and shared it with the Olmstead team for approval.
- Met with different NC stakeholders (e.g., OPSA, DMHDDSUS workforce staff leads, EIPD, and DMHDDSUS justice staff leads) throughout the quarter to review potential measures and data sources for future development.

Challenges for Plan Implementation

Addressing the Ongoing Workforce Crisis

The workforce crisis continues to be a challenge impacting all areas of the Olmstead Plan. It was a common issue reported in stakeholder feedback on the draft 2024-2025 plan. The NCDHHS has taken steps to address this issue, and has reprioritized the issue, adding it back into the revised plan. The NCDHHS has advanced several efforts to address the frontline workforce crisis. Led by the NC Council on

¹⁶ Extract, transform, and load (ETL) is the process of combining data from multiple sources into a large, central repository called a data warehouse.

¹⁷ NCTracks is the multi-payer Medicaid Management Information System for the NC Department of Health and Human Services. Retrieved from <https://www.ncdhhs.gov/providers/provider-information/mental-health-development-disabilities-and-substance-abuse-services/nctracks>.

Developmental Disabilities (NCCDD), there is significant work to address worker compensation. Additionally, through a NCDHHS grant to the Area Health Education Centers (AHEC), AHEC developed recommendations related to Direct Support Professional credentialing and certification.¹⁸ Additionally, the Coalition on Aging has funded PHI to assist in developing competencies against which the frontline workforce should be trained. The Direct Support Professional Work Group has advocated for pay increases in the NC General Assembly, an effort expected to meet with success. These efforts are critical, as providers continue to struggle to hire and maintain sufficient staff to meet the needs of service recipients with disabilities, particularly in the community.

Transitions to Community Living Settlement Agreement for North Carolinians with Serious or Severe and Persistent Mental Illness

The six pillars of the Transitions to Community Living (TCL) Settlement Agreement with the US Department of Justice are as follows and provide for:

1. **Community-based Supported Housing** - permanent, integrated, affordable housing for people who are TCL-eligible and choose to live and receive services in the community. Tenancy supports are provided to every person with a housing slot.
2. **Community-based Mental Health Services** - access to the array and intensity of services and supports necessary to enable a person who is TCL-eligible to successfully transition and live in the community.
3. **Supported Employment (Individual Placement Supports)** - supported employment services that assist the person to identify and maintain integrated, paid, competitive employment.
4. **Discharge and Transition Process** - informed decision making and assistance in transitioning from a State Psychiatric Hospital or from an Adult Care home into permanent supported housing.
5. **Pre-admission Screening and Diversion** - effective diversion from entry to and Adult Care home and movement into permanent, supported housing.
6. **Quality Assurance and Performance Improvement** - a quality assurance and performance improvement monitoring system that ensures that a community-based placement and services are developed in accordance with the Settlement Agreement and that the person receives services and supports they need to ensure health, safety, and welfare.

Each pillar has milestones to be achieved for the State to be in substantial compliance with the Agreement on or before July 1, 2025. North Carolina continues to work to reach substantial compliance under a fifth modification of the Settlement Agreement.

In-Reach Efforts for Transitions to Community Living

Fifteen individuals (15) entered an Adult Care Home from January to March 2024 and nine (60%) had delayed in-reach to assist them in considering a transition back to the community. It is necessary to ensure that all LME/MCOs have a streamlined process in place that does not delay the initiation of in-reach to those in a State Psychiatric Hospital (SPH) or an Adult Care Home (ACH). These people may be

¹⁸ See also <https://medicaid.ncdhhs.gov/DCW-Initiative>.

eligible for transition and community-based services and supports from Transitions to Community Living (TCL). Delays can also compromise diversion from an ACH. Some delays in in-reach occur when staff are seeking to verify the correct ACH location and set up an initial visit. TCL is actively pursuing remedies for these issues.

Launch of Tailored Plans

Launch of the Behavioral Health and Intellectual and Developmental Disabilities Tailored Plans has been delayed until July 1, 2024. Delay of the Tailored Plans impacts the 2024 - 2025 Olmstead Plan by delaying certain strategies related to the delivery of community-based services and supports.¹⁹

Expansion of Kinship Care

“Fictive kin” is a term for those who have a “family like” relationship with a child or those relatives who do not meet the necessary degree of kinship. These individuals were omitted from Session Law 2023-14 in 2023. Specifically, one component of the legislation, effective November 16, 2023, authorized financial reimbursement to unlicensed kin providing foster care; however, the legislation required that kin be related by blood, marriage or adoption. A remedy to redress the omission of “fictive kin” is being requested.

Expansion of Individual Reentry Plans

The North Carolina Department of Adult Correction has experienced workforce shortages of Licensed Clinical Social Workers (LCSWs) which impacts its ability to refer individuals to an innovative re-entry program run by the Alliance of Disability Advocates of North Carolina (ADANC).

Next Steps in Olmstead Plan Implementation

On April 1, 2024, the NC Department of Health and Human Services released the updated Olmstead Plan for 2024 - 2025. Going forward, quarterly reports will reflect progress on strategies derived from the six priority areas in that plan. The Technical Assistance Collaborative and the Department will work with all involved agencies to develop specific action steps for identified strategies. Mathematica will work with the Department to ensure that all identified measures are cross walked with the Plan. The alignment of priorities, action steps, and measures will support North Carolina in assessing its continued progress towards creating inclusive communities.

¹⁹ See [https://medicaid.ncdhhs.gov/tailored-plans#:~:text=Tailored%20Plans%20are%20a%20new,Medicaid%20Managed%20Care%20health%20plan.&text=You%20might%20be%20eligible%20for,Serious%20mental%20illness%20\(SMI\)](https://medicaid.ncdhhs.gov/tailored-plans#:~:text=Tailored%20Plans%20are%20a%20new,Medicaid%20Managed%20Care%20health%20plan.&text=You%20might%20be%20eligible%20for,Serious%20mental%20illness%20(SMI).).

The next Status Report of activity from the reporting entities will be due on June 30, 2024. The Technical Assistance Collaborative will prepare the next Summary Report to be released in July 2024.